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Attention: _____

Fax #: 571-273-8300# OF PGS INCL COVER: 4**COMMENTS:****Re: US Patent Application No. 10/532,191 - Inventor: SANCHEZ
"Method for Information Retrieval"****Includes:**

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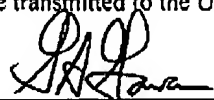
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PTO/SB/21 (09-04)

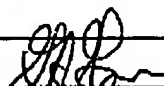
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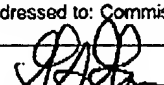
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/532,191
	Filing Date	October 21, 2003
	First Named Inventor	SANCHEZ
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	1081-16

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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Date	Feb 1 / 06	Reg. No. 37,041

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Typed or printed name	Gerald A. Gowan	Date Feb 1 / 06

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/532191
Filing Date	October 21, 2003
First Named Inventor	SANCHEZ
Art Unit	
Examiner Name	
Attorney Docket Number	1081-16

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

58388

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

58388

OR

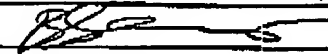
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Bernardo Sanchez		
Date	Telephone		
		416-831-8495	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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